

POSITION DESCRIPTION

CHIEF OF COMPENSATION
DEPARTMENT OF CIVIL SERVICE
P.O. BOX 94111 – CAPITOL STATION
BATON ROUGE, LA 70804-9111

| | | | | | |
|---|------------|------------|----------|---|------------------------------|
| CIVIL SERVICE AGENCY USE ONLY <input type="checkbox"/> AFFIRMED <input type="checkbox"/> NEW POSITION <input type="checkbox"/> JOB CORRECTION <input type="checkbox"/> REALLOCATED Up Down Lateral <input type="checkbox"/> RETURNED W/O ACTION | | | | APPROVED AS: YES NO MASTER <input type="checkbox"/> <input type="checkbox"/> TRAINING <input type="checkbox"/> <input type="checkbox"/> | LOG NUMBER – CIVIL SERVICE |
| OFFICIAL ALLOCATION | | | | | OFFICIAL JOB CODE |
| EFFECTIVE DATE | CONSULTANT | SUPERVISOR | COMMENTS | | ASSIGNED CONSULTANT / AGENCY |

1 TYPE OF REQUEST

Check appropriate request boxes. If master job description, see instruction sheet, "Required Attachments," Item 4.

- ☐ NEW POSITION ESTABLISHED ☐ UPDATE ☐ MASTER ☐ TRAINING SERIES
☐ AGENCY APPEAL ☐ EMPLOYEE APPEAL ☐ 5.3 APPEAL ☐ JOB CORRECTION

2 CODE NUMBERS

POSITION NUMBER (ISIS-HR)

POSITION NUMBER (AGENCY)

| | | |
|------------------------------|-----------|-----------------------------|
| CURRENT OFFICIAL JOB TITLE | Pay Level | CURRENT OFFICIAL JOB CODE |
| REQUESTED OFFICIAL JOB TITLE | Pay Level | REQUESTED OFFICIAL JOB CODE |

3 GENERAL INFORMATION

| | | | |
|---|------------------------------|--|------------------------------|
| EMPLOYEE'S NAME – LAST, FIRST, MIDDLE | | Employee Qualifies For Job <input type="checkbox"/> Yes <input type="checkbox"/> No | AREA CODE – OFFICE TELEPHONE |
| DEPARTMENT – OFFICE – DIVISION / BUILDING – CITY - PARISH | | PERSONNEL AREA / ORGANIZATION ID NUMBERS | |
| DIRECT SUPERVISOR'S NAME | OFFICIAL TITLE OF SUPERVISOR | HUMAN RESOURCES TELEPHONE | |

4 COMPARATIVE POSITIONS

List positions that have similar or identical duties to this position.

| INCUMBENT NAME | POSITION NUMBER | OFFICIAL JOB TITLE / AGENCY |
|----------------|-----------------|-----------------------------|
| | | |
| | | |

5 SUPERVISORY ELEMENTS

ORGANIZATIONAL CHART **MUST** BE ATTACHED.

NUMBER OF STAFF SUPERVISED

- ☐ DETERMINES WORK ASSIGNMENTS ☐ RECOMMENDS HIRING/PROMOTIONS ☐ TRAINS STAFF
☐ REVIEWS AND APPROVES WORK ☐ EVALUATES PERFORMANCE ☐ APPROVES LEAVE

| | |
|--|-----------------------|
| | DIRECTLY SUPERVISES |
| | INDIRECTLY SUPERVISES |
| | TOTAL SUPERVISED |

6 DUTIES AND RESPONSIBILITIES

Attach on a separate sheet. Please refer to Position Description Instruction Sheet for guidelines.

7 SIGNATURES

| | | |
|---|------|--|
| I certify that the information in this document and required attachments is true and correct to the best of my knowledge. | | Comments Attached |
| EMPLOYEE | DATE | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| DIRECT SUPERVISOR | DATE | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| APPOINTING AUTHORITY (Indicate Title) | DATE | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Check to indicate attachments. If appropriate documentation is not included, this position description will be returned to the agency Human Resources Office without action.

- ☐ Organizational Chart ☐ Duties / Responsibilities ☐ Comments ☐ MJD Position Numbers

White – Civil Service

Canary – Agency

Pink – Employee

DUTIES AND RESPONSIBILITIES

Provide a brief statement describing the function of work or reason why the position exists. List duties indicating the percent of time spent for each area of responsibility. When applicable, describe the physical demands and/or unavoidable hazards while performing the duties listed below. Attach additional pages if necessary.

If duty(s) are short-term / temporary and nonrecurring, note beginning and ending dates and percent of time required to perform the duty(s). Begin the writing of your short-term duty statement(s) as follows: (SHORT-TERM – beginning and ending dates) – Example: (SHORT-TERM – 1/1/99 thru 1/31/99) I count.....

%
MUST
TOTAL
100%

LIST DUTIES IN DECREASING ORDER OF IMPORTANCE / COMPLEXITY. THE NEED FOR SPECIAL LICENSE, POLICE COMMISSION, KNOWLEDGE OR TRAINING MUST BE INDICATED BELOW, IF APPLICABLE.
